



MIKE DeWINE
 ★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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 London, OH 43140
www.OhioAttorneyGeneral.gov

RECEIVED
 PEACE OFFICER

FEB 03 2017

TRAINING COMMISSION
 LONDON, OHIO

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1 Name (Last) <u>Fruth</u>	(First) <u>Joshua</u>	(Middle) <u>T</u>	2 Social Security Number [REDACTED]
3 Previous Name(s) or Alias (Last) <u>N/A</u>		(First) (Middle)			
4 Birth date (mm/dd/yyyy) <u>04/27/1988</u>	5 Email Address [REDACTED]			6 Phone Number [REDACTED]	
7 Home Mailing Address (Street/PO Box) [REDACTED]					
8 Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9 Agency Name <u>Amsterdam Village Police</u>	
10 Agency Email Address <u>AmsterdamPD24@yahoo.com</u>		11 Agency Phone Number <u>740-543-3797</u>	
12 Agency Mailing Address (#/Street/PO Box) <u>103 Springfield St. PO Box 115</u>		(City) <u>Amsterdam</u>	(Zip Code) <u>Oh 43903</u>
		(County Name)	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13 New Appointment Date <u>1/30/2017</u>	14 Status Change Date <u>1/1</u>
15 Select New Status <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> <u>Part-Time</u> <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16 Select New ORC <input type="checkbox"/> City Full-Time/Part-Time (737.02) <input checked="" type="checkbox"/> <u>Village Full-Time/Part-Time/Special (737.16)</u> <input type="checkbox"/> Township Police Officer (505.49) <input type="checkbox"/> Other - List ORC/Charter _____ <input type="checkbox"/> City Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> City Chief (737.02) <input type="checkbox"/> Village Chief (737.15) <input type="checkbox"/> Other Chief - List ORC/Charter _____ <input type="checkbox"/> Sheriff (311.01)			

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17 Signature of Reporting Authority <u>[Signature]</u>	18 Printed Name and Title <u>David F. Climperman Jr. Chief of Police</u>	19 Date <u>1/30/2017</u>	
20 Signature of Officer <u>[Signature]</u>	21 Printed Name (First, Middle, Last) <u>Bell, Larry, Patrolman</u>	22 Date <u>1/30/2017</u>	

Officer Name (Last)

(First)

(Middle)

Social Security Number


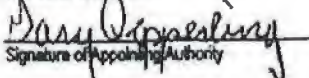
Frouh

Joshua

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23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.


Signature of Appointee

Signature of Appointing Authority

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

FEB 05 2012

TRAINING COMMISSION
LONDON, OHIO

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County): East Cleveland Police Department, Cuyahoga	25. From(mm/dd/yyyy): 12/10/2011	To(mm/dd/yyyy): 1/1/2012 (Present)
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time (Former Full-Time) <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Auxiliary (Current AUX) <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		